PTO/SB/06 (08-03)
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PATEN	Application pr Pocket Number								
C	12)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY				
FOR NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					\$	OR		s	
TOTAL CLAIMS (37 CFR 1.16(c))				x s =		OR	x \$=		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =			x \$ =		OR	x s =		
MULTIPLE DEPENDENT O		+s =		OR	+\$ =				
* If the difference in column		TOTAL	-	OR	TOTAL				
CLAIMS AS AMENDED – PART II OR OTHER THAN									
(((Column 2) (C	column 3)	SMALL E	NTITY	ı	SMALL	ENTITY	
I <u>⊢</u> [('; , , , , 44. 4 7	EMAINING PE	NUMBER P	RESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total * (37 CFR 1.18(e))	Minus **	20 =		x \$/=	/	OR	x s /=	/	
Total (37 CFR 1.18(e)) Z Independent (37 CFR 1.18(b)) Z Independent (37 CFR 1.18(b))	Minus ***	3 -	_	x s=		OR	x s=		
FIRST PRESENTATION	16(d))	+ \$ =		OR	+\$ =				
.				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	/	
((·	column 3)				· ·	,	
	EMAINING PR		RESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total (37 CFR 1.16(c)) U independent U (37 CFR 1.16(b))	5 Minus "	20 =		x \$=	/	OR	x s		
Z Independent * (37 CFR 1.16(b))	Minus ***	3 -		x \$=		OR	x s=		
FIRST PRESENTATION	16(d))	+ \$=	. /	OR	+ \$=				
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(0	Column 1)	(Column 2) (C	Column 3)						
<u> </u>	EMAINING AFTER PF		RESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total * (37 CFR 1.16(c))	15 Minus **	20 =		x s=		OR	x s		
Total (37 CFR 1.16(c)) Z Independent (37 CFR 1.16(b)) W EIDET PRESENTATION	A Minus ***	3 -		x s=		OR	x s=		
FIRST PRESENTATION	ON OF MULTIPLE DEPENDENT	16(d))	+ \$=		OR	+ \$=			
				TOTAL ADD'L FEE	\mathcal{T}	OR	TOTAL ADD'L FEE		
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. 									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND T: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

09446663

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

106145-00021

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		2		······································			RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			7 minus 20= ·				X\$ 9=		OR	X\$18=	b	
INDEPENDENT CLAIMS			minus 3 =				X40=		OR	X80=	Φ	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	HO
CLAIMS AS AMENDED - PART II								-			OTHER	THAN
10	21.02	(Column 1)		(Colu		(Column 3	١,	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	. ک	Minus	• a	O,	=		X\$ 9=		OR	X\$18=	
MEN	Independent	.	Minus		3	- <u>-</u>		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN.	TCLAIM		J	+135=		OR	+270=	
								TOTAL		ł	TOTAL ADDIT. FEE	
1	7.11-2				٥,	(O.)		ADDIT. FEE	L		ADUH. FEE	
عنا	24.6	(Column 1) CLAIMS	Device Street		mn 2) HEST	(Column 3	9		ADDI	1		ADDI-
NT B		REMAINING AFTER AMENDMENT		NUN PREV	MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	3	Minus	• 0	(O	=		X\$ 9=		OR	X\$18=	
ME	Independent		Minus	***	3	<u> </u>	4	X40=	7	OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ل	+135=		OR	+270=		
	•			`				TOTAL ADDIT, FEE		OR	TOTAL	
2	2803	(Column 1)		(Col	umn 2)	(Column	<u>3)</u>	70011.122		-		
ပ		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	MEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 8	Minus		20	= -		X\$ 9=		OF	XS18=	_
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L	FIRST PRESE	NTATION OF I	MULTIPLE DE	PENDE	NT CLAIN	^	٢	+135=	1	OF		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **ADDIT. FEE								OF	TOTA			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.												